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ORIGINAL COMMUNICATIONS.

NETTLE RASH AND CHILL PRODUCED BY QUININE.

BY L. WELLENDORFF, SAN PABLO, CAL.

A short time ago I had occasion to administer a dose of five grains of quinine to a lady, who had been under treatment for several weeks for nervous prostration caused by uterine disease. Shortly after taking the medicine she sent for me in haste, believing herself poisoned. On my arrival, I found the body covered with a nettle rash, causing intense burning and itching, with a flushed face, dilated pupils, increased temperature and a quick bounding pulse. This was followed in about half an hour by a severe chill, lasting from ten to fifteen minutes; after which the burning and itching seemed to decrease, and left the patient entirely in about two hours.

As I administered the quinine myself, and from a lot I had dispensed from repeatedly, I was quite sure nothing else had produced this singular phenomenon; and never having seen, nor read about such a physiological effect of quinine, I give this short account of it, as it may be interesting to others of the profession.

P.S.—Since writing the above, I find a report of several such cases by a Dr. Andrews, before a meeting of the Detroit Academy of Medicine.

MEDICAL THOUGHTS.

BY C. H. HOUP, M.D.

The medical diet of our minds is mostly composed of reading, which relates of experience and observations made from clinical notes, but the experience of county hospitals is not always applicable to private practice, the life and surroundings of patients being so very dissimilar, that the treatment, proper and successful in the one case, would not be applicable in the other. The knowledge gained from clinical study in the hospital is important principally to draw conclusions from and to note the response of symptoms to treatment.

The treatment of the ignorant poor, dirty, ill-fed and badly housed, must differ from the educated and refined, in that the requirements are different to meet the surroundings. Do our teachers always draw attention to these facts? Are we not too often supposed to have common sense, and too seldom reminded that we must use it? The physician must think for himself, and draw his conclusions as much in the light of his own experience as from others. The habit of independent thought comes slowly to most, but unless practised and encouraged never asserts itself.

Do we ever meet two cases of the same disease exactly alike? Can we ever treat the same disease twice without varying the treatment? Celebrated teachers and authors say that nothing can be done to shorten or abate disease under any circumstances; that all diseases, including pleuritis, must run their allotted course, and all we can do is to conserve the natural forces of the system. And then, if the patient has sufficient vitality, he gets well; if not, not. And is this the result of the labors in the science since the days of Galen and Hippocrates? I do not believe it. Would it not be well to strike from existence all generic names of disease? Are they not mostly calculated to mislead? Names are nothing; symptoms and conditions everything in the treatment of disease.

In many cases, I might say in nearly all, there is a space

of time in the commencement of the attack when the system will respond to opportune medication, and should we not take advantage of this golden opportunity to get rid of at least part of the poison that is circulating in the blood and destroying the life. I will not deny the truth of the assertion that no one can demonstrate to a certainty that he has abated or cut short a disease, for he does not know what it would have been if left to itself; but the strong conviction that it has and can be done pervades the minds of man, and it is only their modesty or the fear of ridicule for presenting a theory generally unadmitted, that prevents them from giving to the world the experience that would go far towards establishing the fact that disease can be shortened.

I do not believe that when we fight disease our warfare should always be defensive; a vigorous attack with a flank movement will oftentimes give surprising results.

ULCERATION.

BY D. D. CROWLEY, M.D.

Ulceration, according to Erichsen, "is that process by which a solution of continuity, with a loss of substance, attended with a secretion of ichorous pus is produced by molecular death of the superficial tissue." In other words, it is the death of minute particles of matter, accompanied by inflammation. This condition differs from sloughing in many ways, and yet the differences apparently are slight. In ulceration the minute dying particles upon the surface adhere, so as to form large shreds. In sloughing the matter which usually takes the form of large shreds may be divided into small particles. Hence a differential diagnosis is frequently difficult.

The causes of ulceration are predisposing and exciting. The conditions which are enumerated under predisposition are an impoverished condition of the system, a feeble circulation, impaired nutrition, or any cause which interferes with the general functions of the system.

Congestion is a predisposing cause of ulceration; the

slow circulation does not carry to the surrounding parts proper elements for nutrition, and upon the least excitation, ulceration commences. The exciting causes are acute and chronic inflammation. In acute inflammation there is stasis of blood, a rapid exudation of red and white corpuscles, and liquor sanguinis. Their presence causes a puffy condition of the part accompanied by heat and redness. There is a breaking down of tissue, and in a few days an excessive formation of pus. As long as extensive inflammation continues, molecular death also continues. Chronic inflammation through the same process causes ulceration.

Specific ulcers may occur upon any part of the body. The non-specific is more liable to be situated upon the lower extremities, owing to the impeded circulation or the distension of veins. It often attacks the alar of the nose, and the poor who are exposed to heat, cold, and moisture, are prone to it. In ulceration we first perceive the breaking down of tissue. Around the part is a circle of inflammation, accompanied by heat and pain. The surface is usually covered with particles of dying matter and a thin bloody semi-transparent pus. The circumference may be circular, but is usually ragged and uneven. After a time inflammation diminishes in its intensity. A layer of plastic lymph is deposited between the dying matter and base of ulcer. This deposit assists in allaying the ulceration. The dying matter is dissolved and thrown off. The pus becomes healthy, and in this stage an ulcer may remain for days.

We may follow ulceration still farther, and perceive the formation of granulations. The ragged border becomes even; the *savious pus*, healthy. The surface presents a scarlet or normal appearance, and has a tendency towards contraction. The intensity of the inflammation has subsided, and in the plastic lymph minute blood vessels are being formed.

A certain degree of inflammation is required in a granulating surface. While it is intense, only molecular death

is present. The formation of blood vessels are prolongations from the surrounding trunks, and hundreds are formed in a single day. Small, red corpuscles can be seen wandering slowly into the little papillar or granulations which are formed from the plastic material, giving that ruddy, scarlet appearance which we see in healthy granulations.

There are various forms of ulcers, and when not caused by some specific poison, may be enumerated under the following heads: The healthy, weak, indolent, irritable, inflamed, phagædemic, varicose and hæmorrhagic. There are many other forms of ulcers, which are named in accordance with the specific disease that accompanies them—such as cancerous, syphilitic and scrofulous.

A healthy ulcer is designated by its slightly depressed surface, the even granulations, and the yellow laudable pus. It does not differ materially from the healthy granulations which cover a lacerated wound, and the word healthy is only applied to indicate the termination of an ulcer.

The weak ulcer presents a convex surface, with numerous large flabby granulations, which are semi-transparent and break down upon the slightest irritation. The indolent or callous ulcer occurs most frequently on men about the middle period of life, and is situated between the ankle and calf, upon the outer side of the leg. It differs from the last variety in being deeply excavated. It has a flat surface, and is covered by a few unhealthy granulations. There is a constant exudation of a thin sanious pus. The edges are elevated, thick and irregular, and the surrounding parts are slightly congested. Another symptom which assists in diagnosing this disease is the absence of pain.

The irritable ulcer is recognized by its intensity of pain, the gray thin slough, and the secretion of an unhealthy sanious pus.

The inflamed ulcer is characterized by a red band, surrounding its border, indicating the existence of inflammation, and from the rapid molecular death, the surface

is constantly covered with an offensive discharge, colored with blood. These symptoms are present in the sloughing ulcer, in an increased degree. The rapid degeneration, the red band around the ulcer, the heat which accompanies the ulceration, are all intensified. The varicose ulcer may be inflamed, irritable or sloughing, and is characterized by its dependence upon varicose veins. The congested vein, the puffy tissue, the softening of the intercellular matter, all assist in forming a varicose ulcer.

The hemorrhagic is easily diagnosed by the oozing of blood during the menstrual periods, and occur in women suffering from amenorrhœa.

Having briefly presented a few diagnostic signs of the different non-specific ulcers, it would be well to speak of their treatment, but as they are numerous only a general idea can be given.

As a certain degree of inflammation is required to prevent ulceration, any deviation from this degree would be abnormal. If it be so extensive as to produce a solution of continuity, and the formation of ichorous pus, it would be well to allay its intensity; or, if inflammation be absent, so that plastic lymph does not form, some irritant should be applied, and excite the tissue to the required degree of inflammation.

An elevated surface should be depressed and a depressed or excavated surface, so that the granulations are on a level with the cuticle. Carbolic acid one part to forty is used as an anti-septic in healthy ulcers. Sulphate of copper or zinc, four grains to the ounce, is used as an application to the weak or indolent.

The iodide of potash, used in the cure of specific ulcers, is an efficient remedy; it excites many of the dormant parts to action, and in connection with ferruginous preparations, it improves the impoverished constitution.

Opium, in moderate doses, quickly allays the irritability in painful ulcers, and it is remarkable how soon healthy granulations spring up after its administration.

Laxatives, and hyoscyamus applied externally have a beneficial influence.

A bandage evenly applied from the foot to the knee, gives a support to the congested veins, and hence one of the great causes of varicose ulcers is quickly relieved. The elevation of the leg also assists in relieving the pressure of blood, and hastens its circulation. The application of carbolic acid to this form, should be discontinued as soon as healthy granulations spring up.

Much has been said regarding the transplantation of skin to assist the healing of an ulcer. Some have written of its great success, even previous to the appearance of the healthy granulations, but such is really untrue; healthy granulations are required. On account of the slow processes of the formation of a new skin, small pieces, a little larger than the head of a pin, are taken from other parts of the body, and placed upon the healthy granulations. The process of transplanting requires a great deal of care in removing the graft. The wound made should be very superficial. Sometimes small scales of epithelium are sufficient to form a new center. A number of these grafts are placed upon different parts of granulating surface, and retained there by the means of adhesive straps. By this means a few days will complete that which would otherwise take many weeks.

FASTING SIXTY-ONE DAYS.

BY JAMES EDWARDS, M.D., OAKLAND.

As there is much speculation in the medical profession at the present time whether or not a man can fast for forty days, I may be justified in presenting a case which came to my knowledge some years since. Although I did not witness the fasting, I can vouch for the veracity of the man who said he did it. I am well aware that this will not be accepted as *conclusive evidence* that it was done. It came to me in such a way, however, as to be "conclusive evidence" to my mind; therefore, I present it for record.

The case, briefly stated, is as follows: Mr. J. B. T. was

a dyspeptic, "a born dyspeptic," and suffered intensely. At times it would seem as though the poor soul could not endure the great mental depression and melancholy to he was subjected. At the time to which I refer, the "starving process" was greatly in vogue as a remedial agent in such cases in the vicinity where J. B. T. resided. He was advised to "try it." He was told "to go without eating until his *tongue cleaned*, to drink water only, and to take a bath occasionally. That for four or five days he would experience an almost unaccountable craving for food, but after that time he would have but little if any desire to eat." The patient's experience in this respect, however, was somewhat different, for the craving continued for eight or ten days. After that time the desire for food ceased until the fiftieth day, but on examining his tongue he found it was not entirely clean, so he continued to fast (each day watching for his tongue to clean off) until the sixty-first day, against the protestations and entreaty of his friends. During the fasting he diminished in weight from one hundred and forty-seven pounds to ninety-seven pounds. After he commenced to eat he gained a pound a day, until he weighed one hundred and eighteen pounds, and was entirely free from disease for about six weeks, when his old symptoms returned. I am informed that other persons in the same vicinity fasted eighteen, twenty and forty days. One person that fasted forty days became insane; but finally recovered completely from his insanity and dyspepsia.

ACTION OF HYOSCYAMUS AND BELLADONNA.

BY I. G. M. GOSS.

In response to the request of the editor, I will attempt to give the action of hyoscyamus and belladonna. Hyoscyamus acts especially upon the cerebro-spinal system of nerves, affecting the sensorium and the muscular system. By its action upon the brain, it produces a peculiar perversion of the intellectual and perceptive faculties, illusions and hallucinations. And if pushed still further,

it produces quarrelsome or obscene mania. In its action upon the cerebral functions, hyoscyamus resembles belladonna, and also stramonium; yet it differs in that it does not produce the cerebral hyperamia that belladonna does in large doses, nor does it produce that high degree of maniacal excitement that large doses of stramonium is known to produce. Hyoscyamus only moderately excites the functions of the cerebrum, and never produces that degree of excitement of the circulatory system as to amount to actual inflammation. And, consequently, its cerebral manifestations are more of a nervous excitability, and resemble somewhat that type of disorder occurring in typhoid fever and delirium tremens. It acts with great power upon the muscular system, if given in large doses, producing spasmodic affections of some parts; sometimes convulsions, and even paralysis of the involuntary system of muscles. Its characteristic feature is nervous excitement and increased sensorial activity.

Belladonna acts chiefly upon the cerebrum, from which radiates an influence upon the entire organism. In toxical doses, it inflames the brain and its membranes, and in still smaller doses; but above its medical dose it produces congestion. The sensorium is directly affected in this case, giving rise to delirium, illusions, hallucinations, mania, and, in smaller doses, stupor and insomnia. In toxical doses, it also acts as a direct irritant to the whole nervous system, producing congestion of the medulla oblongata and the spinal cord, and in consequence of this action, it produces hyperaesthesia of both the sensory and motor nerves. The special senses not only become very acute, but also perverted in function. Sometimes clonic sprains or tetanic convulsions take place, and the involuntary muscles often become paralyzed, but the sphincters become relaxed and the iris dilated. It has intense action upon the mucous membranes and skin. Here it differs from either of the above named articles. By large doses the skin becomes very red and hot, much like that of scarlet fever or erysipelas. The mucous membranes of

the eyes, mouth, throat and genito-urinary organs are affected. The glandular system is often also involved; also, the female uterus and its appendages. Its delirium is of a wild character. Here it also differs from the above named articles.

MEDICAL USES—Hyoscyamus is applicable in case of convulsions or sprains, cramps, chorea, excessive nervous excitement, mania, delirium tremens, the typho-mania of low fevers, trismus, some forms of paralysis, paralysis of sphincters, retention of urine, spasmodic cough and metrorrhagia, &c. I have just cured a case of mild mania in a lady. She had been confined, and had some congestion of the uterus and its appendages, which resulted in a peculiar mild form of monomania. She imagined that she had committed the unpardonable sin, and was soon to die and go to endless punishment. And this was the constant hallucination of her disordered mind. I gave belladonna first, but changed it for hyoscyamus and stramonium, which cured her. Belladonna is the remedy in congestion of the brain and its meninges, and aids even in inflammations of the brain and throat, also of the skin. In deep mania or profound stupor, it is the remedy I rely on. In typho-mania of a muttering stupid kind, I use belladonna, in doses of 3 to 5 drops every four hours. In paralysis from congestion of the spine, I use about the same doses. In tonsillitis and pharyngitis I use belladonna, alternated with aconite. In retinitis, conjunctivitis, iritis amaurosis, I find this one of our best remedies. In inflammation of the tongue, mouth and throat, it acts equally well. In whooping cough it acts well; also in scarlatina, measles and erysipelas. It acts well in glandular inflammation.

DIAGNOSIS.

BY M. F. MC TAGGART, OAKLAND, CAL.

As the word diagnosis is employed in medicine to designate the distinction of diseases, we cannot attach too much importance to the fact that every change that takes place

in the organic and functional system presents an index or an expression of that change by which we are enabled to determine the course, progress, character, and nature of disease; but in the attempt at a correct diagnosis there are difficulties to be met of such vast moment that the most intelligent and observant physician is in danger of being misled; the difficulties may originate in the mental sphere, in the shape of anger, fear, remorse, anxiety, grief or joy, each of which may so disturb the physical system as to present symptoms bearing a close relation to those emanating from some morbid condition, or they may arise from the disease being so complicated as to produce such a variety of symptoms that the most inquiring observation and the minutest distinction will be absolutely necessary before anything like an accurate conclusion can be arrived at. The first duty of the physician on entering the sick room is to satisfy himself, so far as possible, as to the history of the patient, the condition and energies of the system, the nature of the disease, its progress, past course, duration, suddenness, variations, previous attacks, what organs are affected, the changes of the functions, constitutional liability to and immediate probable causes of disease; effect of remedies immediate and remote, diet, habits, and the care the patient is receiving. In the acquirement of much of this information, which must be obtained through questions put to the patient and friends; additional difficulties arise in the vagueness, incoherency and incorrectness of their answers. Hence, leading questions should be avoided as far as practicable, and the result of his inquiries be made to serve his purpose, so far as they bear the aspect of reliability, harmony and truth. In approaching the multiplicity of points in relation to disease, he will be careful to keep in view the various emotions of the mind, as affecting the action of the pulse, the heart, the respiration, the circulation, and the movements of the muscles. If symptoms be due in part to the causes, and in part to a morbid condition, the physician stands upon very critical ground, for a judicious and clear

analysis of the various emotions is demanded before he can proceed to draw the line of demarcation, or decide how to act. Often there is apparent truthfulness in the patient's relation of the symptoms, and at the same time an incongruity with the character of the disease, when, in order to avoid an erroneous decision and injurious treatment, the practical physician is best assisted by trusting alone to his reason, his knowledge, and his experience in tracing the relation of cause and effect, a mistake as to the nature of a disease is a very serious one, as it involves improper medication, injudicious treatment, and perhaps death. In conclusion, I would say there is not a more important duty, nor yet a more difficult one, connected with the profession, than that of determining from the symptoms the nature of the disease.

EPILEPSY.

[Continued from page 262.]

BY J. H. BUNDY, M.D., OAKLAND, CAL.

Epileptics are subject to flatulence, cardialgia, trembling, and spontaneous lassitude; they take little exercise, and become either obese or emaciated, and have a tendency to venery and onanism. The excesses they commit may be the cause of the organic lesions and of disorders which manifest themselves when epilepsy has lasted a long time. As a rule, they do not live to an advanced age. The cerebral functions, the intellectual faculties become more and more degraded. This fatal influence of epilepsy on the intellectual faculties, of which dementis, idiocy, and general paralysis, are the ultimate expression, is a fact which has been pointed out by observers long since. In a majority of cases, although at the beginning and when the attacks are infrequent, the patients are in full possession of all their faculties, yet in proportion as the fits recur and increase in frequency, in proportion as the disease progresses, the faculties fail, are impaired, become gradually extinct, and insanity follows. In individuals whose intellectual activity is perfect, a singular

changeableness of feeling, of temper, and of character, violent fits of passion, which they cannot master, point to a particular mental condition, which, in the greater number of cases, will be followed by physical phenomena of a more distinct character, but always of the same order, as well as by more serious cerebral disorders, such as attacks of delirium, sometimes prolonged, sometimes transient, and then may properly be termed *epileptie insanity*. The impulsive and spontaneous character of the epileptic delirium is remarkable. In this state of extreme mental disturbance, of general anxiety and instinctive impulses, the patients are apt, in a sudden manner, to commit all kinds of violence—theft, suicide, arson and homicide.

In spite of the disorder and violence of their acts, their language is, in general, considerably less incoherent than that of many insane individuals. The attack generally lasts a few days only, and its termination in general is as sudden as its invasion. In the two forms of epileptic delirium—although presenting differential characters, as distinct as those we find in cases of insanity, between partial and general delirium, have also many points of resemblance which denote their common origin. In both the delirium comes on in paroxysms of relatively short duration when compared with those which characterize other mental diseases.

The identical nature of these two varieties of epileptic insanity is proved, first, by their frequently occurring alternately in the same individual: secondly, by the fact that either in the same or in different individuals, a great many intermediate conditions may be observed, varying from a simple transient cloudiness of the intellect up to the most furious maniacal excitement; and thirdly, by the more or less direct and immediate connection, in the case of *petit mal*, with attacks of vertigo, and in that of the *grand mal*, with the convulsive form of epilepsy.

The intellectual impairment increases in proportion to the number of epileptic seizures, the rapidity with which it sets depending on the frequency of the fits, for the first

period of the disease is almost always free from delirium, this happening more frequently during the middle period, that is to say, when for some years already there have been manifestations of epilepsy, at more or less distant intervals. In the last period, when the attacks have recurred frequently and for a long time, the patients fall by degrees into a continuous condition of dementia and idiocy, only interrupted from time to time by phases of agitation of short duration.

This dependence of intellectual deterioration on the duration of the disease and the frequency of recurrence of the attacks, explains how it happens that all ages are liable to mental failure. In consequence also of this dependence, we can understand why, in cases of epilepsy occurring late in life, insanity may not be brought on by it. Cases are on record, however, where the patient became insane after the first attack of epilepsy. The reason is, that like the physical phenomena of epilepsy, its psychical manifestations present the same diversities in their course, their frequency, and the order of their sequence. Thus, in some cases—but very rarely indeed—the convulsive or the vertiginous attacks are invariably attended with delirium; in others, and this is what more frequently happens, the convulsions or the vertigo are alone present; in a third class of cases, again, paroxysms of mania alone attract attention, whether these occur in the intervals between the attacks of *grand mal* or *petit mal* in known epileptics, or in individuals whose complaint is unknown, as in cases of nocturnal epilepsy for instance: or, lastly, whether they affect persons who, at the time of observation, have not for a long period been seized with convulsions or vertigo, in consequence of a real transportation of the disease. If it may be stated as a general law, that epileptic attacks recurring frequently, and over a long period of time, bring on as a consequence an absolute impairment of the intellect, the last term of which is dementia and idiocy; you will meet, however, with epileptics who, in spite of the intensity and frequent recurrence of their attacks, preserve

their faculties in all their integrity, and present only slight perturbations of the intelligence and of the temper which cannot be called insanity.

(To be continued.)

EDITORIALS.

TANNER'S FAST.

Dr. Tanner was born in England in 1831. Came to the United States in 1848, and settled in Litchfield, Ohio, where he worked at his trade, that of carriage-making, for several years. He attended medical lectures in the Eclectic Medical Institute of Cincinnati, Ohio, from 1857 to 1859, graduating from that institution in the latter year. He practised medicine in Ohio for some time; then removed to Wisconsin, and from there to Minneapolis, Minnesota, in 1870, where he has been in practice to the present time.

Dr. Tanner commenced his fast at 12 o'clock, noon, on the 28th of June, 1880, in Clarendon Hall, New York. During the previous night he had a slight diarrhoea. For breakfast he drank one quart of milk, and the same quantity at 11:45 A.M., but no solid food. He weighed 157½ lbs.; pulse, 88 beats per minute; temperature, 99°; respiration, 18.

A good deal of discussion arose during the fast in reference to the honesty of the faster and his watchers. We are glad now to observe that it is generally conceded by all parties that the whole matter was honestly conducted in good faith from beginning to end. We cannot very well see how it could be otherwise, with three different sets of watchers watching the Doctor and one another nearly all the time.

At the close of the fast the Doctor weighed 121½ lbs.; pulse, 99; temperature, 99°; and respiration, 19. He drank during the fast 42½ lbs. water, and voided 46 3-16 lbs. of urine. The balance in the loss of total weight (36

lbs.) must have been by the perspiration and respiration, as the bowels did not move for a period of forty-one days.

From the 3d to the 16th day he drank no water, with the exception of 4 ounces on the 10th. During this time he lost in weight 21 lbs.; 13 lbs. of urine being voided, leaving 8 lbs. to be removed by the skin and breath, or about 10 ounces a day. There is one thing in reference to the gain made on the 11th day that we do not understand. On the 10th day his weight is recorded at $136\frac{1}{4}$ lbs. This is the day he drank 4 ounces of water. On the 11th day he is recorded as weighing $139\frac{3}{4}$ lbs., a gain of $3\frac{1}{2}$ lbs., while he voided 7 ounces more urine on this day than he did on the previous and following days.

If we take the loss of weight, the amount of water drank, and urine voided, in periods of 10 days, we find some peculiarities in it:

	Loss in Weight.	Water Drank.	Urine Voided.
First 10 days,	$21\frac{1}{4}$ lbs.	76 ozs.	157 ozs.
Second 10 "	$\frac{3}{4}$ "	251 "	234 "
Third 10 "	$5\frac{1}{2}$ "	211 "	229 "
Fourth 10 "	$8\frac{1}{2}$ "	143 "	119 "

During the first period of 10 days the amount of loss by perspiration and respiration was greater than at any other time. During the second period there was but little loss in this manner.

The amount of urea eliminated, which shows the nitrogenous waste, was also greater during the first 10 days, being 29 grammes the first day, and then gradually decreased to 12 grammes on the 10th day. Averaging from 8 to 6 grains from the 20th day to the close of the fast.

The Doctor's bill of fare for the first 24 hours after his fast is worthy of attention. Large quantities of water-melon, milk, apples, potatoes stewed in milk, beefsteak, ale, wine, &c. Taking these without the least inconvenience, and making a gain of $8\frac{1}{2}$ lbs. in 30 hours.

We believe that Dr. Tanner's fast will be a benefit to

the medical world in the treatment of diseases and injuries affecting the digestive organs. If Dr. Tanner can fast 40 days, patients can be induced to go a sufficient number of days without food to heal intestinal wounds and give rest to the digestive system, until nature shall make the cure.

There is one thing more it very forcibly reminds us, and that is our mistaken ideas in reference to feeding patients after lingering illness or protracted fevers. It would not be considered orthodox to give a convalescing typhoid fever patient peaches and water-melon, and yet we cannot see why we should not do so if the patient craved for them. We believe that patients many times would make more rapid recoveries if they were allowed such food as their appetites demanded.

EDITORIALS.

THANKS.

We extend our sincere thanks to our friends and patrons, who have given us encouragement in the publication of this journal. Though we have not received that cordial support we were promised, and had every reason to expect, we are by no means discouraged. We intend to continue the publication with the hopes that a grateful public will remunerate us in the near future. We think, perhaps, it may be thoughtlessness or modesty that has prevented our friends from sending the price of our subscription. To such we say that we are of a forgiving spirit, and always stand ready to receive the amount.

We have been anxious to receive communications from our friends in different parts of the country, but sorry that none of them have so far availed themselves of giving our readers the benefit of their experience. Did they know how thankful we would be to hear from them, they would no longer delay, but send us facts gleaned from every day's practical experience. Make us thankful, gentlemen. It lies hidden, and he who prepares himself the best, and works the hardest, will gather the most. Wishing for

knowledge in any department of human intelligence without action will not cause nature to unfold a single truth. Pretending to knowledge, because a man belongs to a certain school, does not add a single iota to his intelligence, but exposes him to the ridicule and contempt of all thinking minds.

We hope the day may come when medical men of all schools may be known simply as physicians; may be recognized for their moral worth and scientific intelligence, and not in reference to their graduation at this or that school. Then will the profession be truly eclectic, and the science and art of medicine advance as it never has before. Harmony, fellowship and good will should prevail, and above all, should all barriers be removed that prevent a man from extending that courtesy which is due from one gentleman to another. Illiberality and proscription belong to bigots, not to scientists.

HARMONY.

Of all the professions the medical is the least liberal. The Church is getting more and more progressive each year. It is not uncommon to-day for clergymen of different denominations to exchange pulpits, or associate together on the same platform for religious purposes. Once it was not so. Though all professed to serve the same master, and direct the minds of men to the same heaven, anything but loving kindness and harmony prevailed in their ranks. But while this good feeling is taking place among theologians, medical sects seem to be separating further apart. Distrust, bitterness, strife and meanness are the ruling passions. No honest rivalry prevails. If presumption was skill, and arrogance knowledge, some men we know would possess the skill and intelligence necessary for all. The aim of every sect is in one direction--the safest, quickest and best method to alleviate human suffering and restore declining health. Neither sect has a patent on its methods, nor do they ac-

quire their knowledge by divine right. There is no royal road to truth. It must be searched after, and toiled for to be found.

CHOLERA MORBUS.

This is the season for bowel complaints generally, and cholera morbus will frequently be met with in our hot valleys and large cities. Changeable weather, hot days, with a good deal of moisture and cool nights are productive of it. Imprudence in diet, such as unwholesome fruits and vegetables, taken into the stomach in undue quantities, and the imbibing of cold fluids during profuse perspiration, or mental disturbance, all predispose to it. It may proceed from cold alone, or impure water after long, continuous and violent thirst.

The attacks are usually sudden, often occurring at night. Diarrhoea and vomiting may exist simultaneously, or occur alternately; at first the discharges from the bowels are green or yellow, but grow lighter as they continue, until in some cases the rice-water discharges of cholera is observed. The contents of the stomach are first dislodged; then mucus, mucus and bile with acid secretions; cramps of lower limbs, collapse and death, if not arrested.

The treatment, at whatever stage it may be instituted, should be prompt and energetic. There is nothing yet in the treatment of cholera morbus that excels the Mist. Cajeput Co. combined with a little sul. morphia. R. Comp. Mist. Cajeput ζ ss; Syr Acacia ζ iss; Morphiæ Sul. gr i; M. Sig. Shake well, and give teaspoonful every fifteen minutes, or as often as the vomiting occurs until it ceases. Usually, four or five doses will accomplish this, then a dose every hour or two until the patient is thoroughly relieved and quiet. No drink of any kind should be allowed, as it increases the irritation and tendency to vomit. If the medicine is thrown up soon as swallowed, give another dose before the patient lies down, and it will be retained a few minutes, for the vomiting comes on in paroxysms of a few minutes apart, and it

will be retained long enough to be absorbed in part and to have its local effect. Hot cloths should be assiduously applied to the entire abdominal region, and changed often. We have never been obliged to resort to other treatment when this has been followed. If the cajeput mixture is not at hand, teaspoonful doses of comp. syr. rhei et potass may be given as often with a little morphia or paregoric, or the following will give satisfaction: R. Bismuth sub. nit., ʒi; morphiæ sul. gr., i. M et ft; chart No x Div. One powder every fifteen minutes until vomiting and diarrhœa cease. Three or four hours after the control of the disease, beef tea, boiled milk or thickened milk should be given quite warm, with plenty of salt. If tonics become necessary hydrastine or quinine in suitable doses may be given, though the patient usually makes a good recovery without.

FOR WHOOPING COUGH.

R Alc. Ext. Belladon. (English).....grs. ii.
 Bromide of Ammonium..... ʒ ii.
 Fld. Ext. Chestnut Leaves..... ʒ i.
 “ “ Trifolium Pratense... ʒ vi.
 “ “ Prunus Vir..... ʒ ii. M.S.

One half teaspoonful every one, two or three hours, as may be required. This and the following are the best preparations we have ever used in whooping cough.

R Tr. Drosera Rot..... ʒ iii.
 Tr. Spongia..... ʒ i.
 Nitric Acid Dil..... ʒ i.
 Tr. Belladonna..... ʒ i.
 Syr. Prunis Vir. Aqua Distæqs ad... ʒ iv. M.S.

Teaspoonful every two, three or four hours.

CATARRH SNUFF.

R Sach. alba..... ʒ ss.
 Chloride sodium..... ʒ ss.
 Bismuth sub nit..... ʒ ii.
 Pulv. camphor..... grs. x.
 Hydrastine..... grs. x.

M. et trit. and use several times daily as ordinary snuff.
 No better catarrh snuff is made.

FOR COUGH.

℞ Fld. Ext. Prunus Vir..... ʒi.
 “ “ Yerba Santa..... ʒss.
 Hydrocyanic Acid Dil..... ʒss.
 Morphia Acetatis..... grs. iiss.
 Syr. Prunus Vir..... ʒiiss. M.S.

Teaspoonful every two, four or six hours, for cough in last stage of consumption, or in broncarrhea, and in any cough where there is much irritation with excessive secretion. By the addition of tincture of Belladonna ʒi, it is excellent in Whooping Cough. The dose recommended is for an adult.

FOR CHOREA.

℞ Iodine..... grs. x
 Alc. Ext. Macrotys..... ʒss.
 Morphia Sul..... grs. iii.
 Pulv. Acacia..... grs. xx.
 Quin Sul..... grs. xx. M. et ft.
 Pillulae, No. xxx, Div Sig.

One pill three or four times daily.

Or the following:

℞ Fld. Ext. Viburnum Op..... ʒii.
 “ “ Macrotys..... ʒss.
 Valerianate of Ammonia.... ʒi.
 Syr. Acacia..... ʒss. M.S.

Teaspoonful four times daily.

FOR GONORRHEA.

℞ Hydrastine..... grs. x.
 Fld. Ext. Yerba Reuma..... ʒss.
 Aqua Dist. ʒiiss. M.S.

Use as injection three or four times daily, after urinating or the use of clear water injections, to cleanse the parts from the discharges, etc.

℞ Tr. Kino..... ʒss.
 Morphia Sul..... grs. v.
 Boracic Acid..... ʒi.
 Aqua Dist..... ʒiv. M.

Use the same as the above.

FOR NASAL CATARRH.

The following makes a good local application in nasal catarrh, by snuffing from the hand three or four times daily: R. Bismuth sub carb., $\mathfrak{Z}\text{ii}$; hydrastine, grs. v; glycerine, $\mathfrak{Z}\text{i}$; aqua camphor, $\mathfrak{Z}\text{v}$; M. Shake before using.

FOR VOMITING.

As a remedy for vomiting, there is nothing that will control it so quickly and as surely as the old remedy, cold infusion of peach leaves or twigs, given in tablespoonful doses every 10 to 20 minutes, or as often as the vomiting occurs. The following is a list of remedies to select from when desirable: Tr. Aconite, Ipecac, Bismuth, Syr. Rheiet Potass, Nux Vom. Hydrocyanic Acid, Veratrum Vir. to be given in small and frequently repeated doses.

LACTOPEPTINE.

We have used this article for some time in cases of indigestion, and can recommend it as a valuable remedy. Containing the five active agents which are concerned in the process of digestion, it cannot fail to aid the system in preparing the food for assimilation. It is an invaluable remedy in the summer diarrhoea of children. Owing to the great impairment of the vital forces, and feeble powers of the digestive tract, food frequently irritates and increases the difficulty. For such cases, we have no agent in the materia medica as reliable as Lactopeptine.

FORTY DAYS WITHOUT FOOD.

A biographical sketch of Dr. Tanner, including a history of his Minneapolis and New York fasts, by Professor R. A. Gunn, of the United States Medical College. This little work gives a brief account of the faster's daily condition, and incidents connected therewith. It is worthy of a careful perusal. Price, 25 cents.

DR. A. MacRAE

Dr. A. MacRae died at his residence in San Francisco, on the 24th instant, of paralysis, resulting from congestion of the cerebro-spinal mieningies. He had been confined to his bed most of the time since February last. With the hopes of receiving benefit from a change of air, he went to Sacramento about the first of the present month, and from there to emigrant gap with a view that a higher attitude would relieve the pressure from his brain. The first day there he felt better, but had a shock of paralysis from which he did not rally. He returned to San Francisco and lived but a few days.

Dr. MacRae was born in Prince Edward's Island, in 1840. He came to this country in 1863, and served for a time in the army. He commenced the study of medicine in the Chicago Medical College in 1865. Attended lectures in the Rush Medical College, Chicago, during the winter of 1866-'67, and graduated in the Bennett Medical College, Chicago, in 1869. He practiced medicine in Chicago for some time, and was Demonstrator of Anatomy in the Bennett. From there he went to Michigan, where he practiced until he removed to this State in 1875.

After the death of Dr. Webb, the founder of the California Medical College, who was removed from the field of his labors, while the college was in an unfinished condition, Dr. MacRae took a hold of the enterprise, and to his energy and perseverance are mainly due the completion of that institution.

He was a surgeon of more than ordinary ability, and held a Professorship of Surgery in the California Medical College at the time of his death—a position he filled with credit and ability, and to the satisfaction of all concerned.

He leaves a wife and two children. One of the children, a little girl, was by a former marriage, and is with her grandparents in Michigan.

In his death the liberal profession has lost a faithful member and earnest worker. Generous to a fault. Kind in his sympathies. Forgiving in his spirit. We shall

miss him. Let us cherish his memory and emulate his virtues, that we make our profession grander, and the world better that we have lived in it.

SELECTED.

The Joints and Their Diseases.

BY JOHN COOPER, M.D.

The articulations of the various bones of the body, together with cartilage, fibro cartilage, ligaments, tendons and synovial membrane, constitute the joints

The bones, which form the more solid portions of the joints, are frequently affected from osteitis, which may result in caries and necrosis, all of which is due to a traumatism preceding. The treatment, which is proper and indicated in these conditions, consists in rest, anodynes and evaporating lotions in the earlier stage, which is to be followed in the later stage, with free incisions, sequestromy and exsection.

In the treatment of joint injuries much depends upon the judgment of the attending surgeon. To make an incision into a joint structure, and to allow pus and necrosed bone to escape, is proper; but to find that nothing but synovial fluid is discharged after making the incision, indicates a faulty diagnosis, which may permanently injure the victim of the mistake.

Synovitis, or inflammation of the synovial membrane, is of frequent occurrence, being usually caused from an injury. The time once was, when disease of the joints was generally ascribed to a strumous bodily condition, but few surgeons of to-day entertain this opinion.

A traumatic condition usually precedes an inflammatory state of the joints, no matter what parts be implicated. However, there is reason to believe that a strumous subject would be more unfavorably impressed from injury of the joints, than one whose system is free from all constitutional contamination.

The treatment of synovitis consists in rest, anodynes, lotions and compression. In the later stage, when there is evidence of pus, the knife may be used to the extent of making free drainage. In the beginning, sight should not be lost of the rubber bandage, and when there is evidence of a superabundance of synovial fluid, the aspirator may be advantageously employed. I frequently use in place of the rubber bandage the flannel roller, and when there are sinuses leading to the joint cavity, with the discharges of pus and other fluids, the flannel roller is to be preferred, as it can well absorb these fluids, and can be washed and reapplied as cleanly as at first.

The foregoing being general in character, we now refer to morbus coxarius, or "hip-joint disease," which in its natural course is formidable, frequently rendering its unfortunate victim a cripple for life, notwithstanding early medical treatment and surgical appliances have been timely employed.

Omitting symptoms, diagnosis and treatment as usually given by writers on the disease, we will give observations and conclusions that we have found with reference to the lesion under consideration. "Hip-joint disease" in its incipency may be thwarted or greatly modified. This is to be accomplished by the adoption of such hygienic measures as will insure absolute rest, combined with local applications and such internal medication as will favor digestion and assimilation. In the more advanced stage, or when there is evidence of an excess of fluids or pus being in the joint, the aspirator should be employed. If there are flakes of lymph or pus, that will not pass the aspirator needles, then it is proper to use the knife for the purpose of making a free incision.

When that stage of the disease is reached in which there is necrosed bone, either of the head of the femur or cotyloid cavity, the hope of a satisfactory issue and a useful joint, without deformity, is at an end. Braces made of iron and steel, of various patterns, are in daily use, and some of them are highly extolled by the inventors or manu-

facturers thereof; nevertheless a sufferer of hip-joint disease, in which the bones of the joint are implicated, may be content when he reaches that condition of the afflicted part, that will allow a tolerably good use of the limb, with slight deformity, being at the time free from pain.

The appliance of a brace, during the ulcerative action in the joint, for the purpose of preventing a contraction of muscles, frequently aggravates the painful inflammatory condition, which has already existed so long, and should be laid aside. When this is found to be painful, under all circumstances the limb should be freed, and should be placed on pillows, in a position in which all tension is taken off muscles, which seem to be overstretched.

Inflammation of the synovial membrane of the knee-joint is also of frequent occurrence, resulting generally from an injury. This requires a treatment similar in most respects to that already given for hip-joint disease. The knee-joint can be very favorably impressed by the early appliance of the rubber bandage, even after the joint is extended with synovial fluid, an early absorption can be brought about by the proper appliance of the rubber bandage, or flannel roller. When pus or other fluids exist in the knee-joint in excess, and the aspirator has failed to remove the same, it is then proper to evacuate the joint cavity through an incision made for the purpose.—*N. Y. Med. & Surg. Jour.*

A New Operation for the "Radical" Cure of Hydrocele.

BY BERNARD BARTOW, M.D.

Extract from a paper read before the Buffalo Medical Club, April 28, 1880:

The following operation for the so-called "radical" cure of hydrocele, I have employed in two instances with such satisfactory results as to lead me to believe there are some points of value in the method, and particularly, in its application to cases which have resisted the means ordinarily employed for the relief of this disease. The operation consists of an incision from three to four inches

in length, in the scrotum—in the centre of the hydrocele tumor,—extending through the scrotal subcutaneous tissues until the sac is exposed. The loose connective tissue is then separated from the sac to the extent of about an inch either side of the line of the incision, exposing about one-third the circumference of the tumor—the distended sac protruding into the wound, renders this last step very easy of accomplishment. Into the most depending part of the tumor thus exposed, a fine trochar and canula is introduced, and the fluid is drawn off; the entire wound being left to close by granulation. It is intended that air shall not be admitted into the sac; and it is preferable to make the incision with antiseptic precautions, and to continue them during its subsequent treatment. In the two cases where this plan was used, the first was a large hydrocele that had received no previous treatment, the second case being one in which repeated tapping had been performed; both patients were young married men between thirty and thirty-five years of age. The clinical features following the operation were very similar to those following the injection of the sac with tr. iodine. In both instances the sac had refilled by the fourth day. Resorption was complete by the tenth day in case 1; in case 2, however, I did not wait for this event to follow, but re-tapped the sac through the wound on the sixth day, after which it did not re-fill. The degree of inflammation in the scrotal subcutaneous tissue and sac were quite active in the first case, but the free incision of the operation prevented any tension in the part, and there was no sloughing of scrotal tissue, or any other untoward feature. On this occasion no special antiseptic measures were observed.

In the second case, however, strict antiseptic precautions were employed throughout, with the effect to confine the inflammatory action within very moderate limits. I was strongly impressed with the influence antiseptis exerted in subduing the subsequent inflammation, by the fact, that in this instance the dissection of connective tissue from the sac was much greater than in the first case,

and this, without some modifying agent, would have resulted in a much greater degree of inflammatory action in the part. The extent of constitutional disturbance was indicated by a rise in patient's temperature of 1° above normal, and the local appearances were such as indicated a slight but general implication of the entire sac and surrounding tissues in the inflammatory process.

In the first case the patient was kept quiet until the tenth day, while patient No. 2 was confined to his bed for one day only—that following the operation. In both cases the scrotum was supported by a suspensory during the time the incision was healing, which latter was complete by the fourteenth day. At the end of nine months there was no sign of the disease returning in case 1, while in case 2 the sac had not refilled during the period of four months that it was under observation. Following the operation in both cases, the testicle was movable in its sac, showing that obliteration of the sac did not take place.

The idea upon which this operation is based, is that of identity and continuity of the connective tissue composing the sac, with the less dense connective tissue which would be described as lying *outside* the sac; and that by exciting inflammatory action in this *outside* connective tissue, it will extend to and involve that composing the sac, by continuity of structure. By wounding and disturbing the parts in close relation to the sac, we thereby apply the irritant upon its outer surface, and by the resulting inflammation induce those changes in the vascular system of the part, upon which would seem to depend the restoration of the normal secretion of the tunica vaginalis. Admitting that the changes resulting from the inflammation principally affect the vessels supplying the part, it would seem by this method that we could quickly and with certainty induce those changes, by acting thus directly upon the tissue in which the vessels are imbedded.

In view of the fact that there are a considerable number of cases of hydrocele in which injection with tr. iodine fails to accomplish a cure, and that these cases (if they

obtain relief) become subjects for more objectionable and severe operations, I think there are advantages in the method here advanced, that will recommend it as a substitute for either the seton or the operation of incising the sac—the method usually employed after failure with tr. iodine injection. It is free from the dangerous constitutional disturbance liable to follow inflammation in an open serous sac—as in the case where a hydrocele is incised; and the prolonged suppuration attending obliteration of the sac by incision is superceded by that which would follow from a superficial wound only. By preventing access of air to the interior of the sac, the liability to suppuration within the sac is almost nil; this principal danger being avoided, the method would seem to possess the conditions by which inflammation could be excited with safety in the sac and surrounding tissues.—*N. Y. Med. & Surg. Four.*

Palpitation of the Heart—Treatment by *Cereus Bonplandii*.

BY CLIFTON S. MORSE, M.D., LONDON, OHIO.

I desire to report a case, in the service of Dr. J. T. Houston, physician to Madison County Infirmary, etc., in which the use of *cereus bonplandii* has been decidedly marked for good.

T. S. æt. 57; native of Ireland; of the nervo-sanguine temperament; has suffered at various times in the past from violent action of the heart. The last, and by far the severest attack, coming on several weeks ago, attended by the usual fear of impending danger, dyspnœa, etc. Close and repeated examinations failed to reveal any evidence of organic disease. Dr. H. determined to test the virtues of *cereus bonplandii*, and accordingly the fluid extract was given in fifteen drop doses every three or four hours. Immediate relief was experienced. It was found necessary, however, to increase the dose gradually in order to retain the first good effects. In a few days the dose had been increased to forty drops, the heart pumping away as usual, and everything appeared serene. From that time

improvement was continuous; the medicine was gradually diminished in amount and frequency of dose, and finally discontinued. The man is now at work, in good health.

Small doses seem to act as a cardiac stimulant, large doses lessening the frequency and increasing the force.

Death from Retention of Urine in a Case of Peri-rectal Abscess.

BY CHARLES B. KELSEY, M.D.

Surgeon to the East Side Infirmary for Diseases of the Rectum, New York.

The following notes of a case in which I was consulted after the death of the patient, and in which I made the *post-mortem* examination, may be of interest as showing a danger which always attends acute disease in the region of the rectum, and the sad results which may follow a disregard of the ordinary precautions of surgery. The history will speak for itself, and comment on my part is unnecessary.

A gentleman, aged thirty-six years, who had previously been in perfect health, was attacked with an abscess in the right ischio-rectal fossa. After a week of suffering it was opened and a large quantity of pus evacuated, and at the time of his death, which occurred suddenly about a week after the incision, it was gradually closing up. From the first of his attack he had complained daily of pain in the region of the bladder. He passed urine very frequently and in small quantities, and only once obtained any relief, which was when his nurse, on her own responsibility, put hot compresses over the abdomen. As a result of this application, he passed a very large quantity of urine, and for a few hours was free from suffering. For the relief of this pain opium was prescribed and freely administered up to the hour of his death. A few hours before the end he expressed himself as feeling very well and hopeful, expected to be about his business again in a few days, and complained only of constant pain over the bladder, and desire to urinate, wondering why he was obliged to pass his water so frequently, and why it only came away in

such small quantities. He died, without warning, in a convulsion.

The *post-mortem* examination was made by myself, at the request of the family, who were not quite satisfied with the diagnosis of apoplexy which was made by the physician in attendance.

The cerebral sinuses were very full of blood, veins of dura mater distended with black blood, and the ventricles filled with serum. The bladder reached to the umbilicus, and must have been nearly at the point of rupture. The kidneys were slightly enlarged and gorged with blood, but not otherwise diseased. With these exceptions and that of the abscess which I have mentioned, the viscera were as healthy as I have ever seen them at an autopsy.—*N. Y. Med. & Surg. Four.*

Rhamnus Purshiana.

BY J. E. CLARK, M.D.

Professor of Physics and Medical Chemistry in the Michigan College of Medicine.

The following paper on this subject was read before the Wayne County Medical Society:

The right of cascara sagrata to a prominent position in the front rank of our advancing therapeutical science, as a remedy *par excellence* for chronic constipation no longer admits of argument.

It is rare indeed that a remedy under the most favorable circumstances meets with a tithe of the success accorded this from its introduction, and taking into consideration the malicious persecution and misrepresentation of which it has been the subject, one is forced to the conclusion that its inherent virtues and the success attending its administration by practitioners have alone preserved it from that bourne from whence so many so-called specifics ne'er return—oblivion.

Two or three years have sufficed to bring it into general use and to acquire for it a name as far in advance of the old, "peristaltic persuaders," as our present therapeutics excel those of a century ago. The almost invariable suc-

cess that has followed its use in the treatment of many of the functional affections of the stomach and intestines, especially in chronic constipation and its concomitant train of symptoms, induces me to speak of it thus highly, for I feel confident that a fair and impartial trial of its virtues will remove these diseases from the class considered *opprobrium medicorum* by the profession.

I have used the preparation since its introduction and in but very few instances has the effect produced failed to be beneficial to the patient. In many cases idiosyncrasies have been met with where combinations with *nux vomica*, *ergot*, *belladonna*, etc., have assisted in attaining the desired end; but as a rule the following simple prescription has answered all purposes;

R Ext. Rhamni Purshianæ, fl. ʒss.

Syrupi et aquæ, āā ad ʒij.

M Sig.—Teaspoonful three times a day.

In many cases I have found less than the above quite as beneficial as the larger dose, in fact, I have found ten or fifteen drops administered three times a day, bringing the system gradually under the influence of the medicine, preferable to the method of producing a marked impression by means of a drachm or more at the outset. I have found it excellent as an anti-periodic and hepatic in ordinary chill fever and have met with flattering success in the treatment of hæmorrhoids caused by portal congestion, its action as an hepatic freeing the ramifications of the *venæ portæ* and lessening the hepatic engorgement.

Have also found it serviceable in cases of chronic gastric catarrh. In cases of acute or chronic dyspepsia with failure of the digestive and assimilative forces from nervous enervation, its action upon the ganglionic system stimulating the secretions of the liver, bowels, and entire alimentary canal renders it a most valuable addition to our list of nutritive tonics.

I have selected the following from many cases as exhibiting varied functional disorders specially indicating the

rhamnus purshiana line of treatment. Case 1. S. B. æt. 42, chief engineer large manufacturing establishment, corpulent, habits sedentary. Was called to see patient January, 1879. For the last 20 years had been subject to exceedingly severe attacks of cephalalgic paroxysms once to twice per month, and had been treated by many physicians but never succeeded in obtaining more than temporary relief. He informed me he only looked for relief, as the hope of being permanently cured he had resigned, considering himself the victim of an irremediable malady.

His liability to lose several days at a time from this cause made a factor in all his business engagements, frequently causing heavy pecuniary loss. Examination during paroxysms gave temp. normal, surface of body cool, abnormal sensitiveness to light and sound, anorexia and nausea, with a history of inveterate constipation of the bowels. The sclerotic and orbital region showed a well-marked icteric tint.

Placed patient upon rhamnus purshiana, and succeeded in producing one evacuation per day. No paroxysms in February, March, April, and May. A slight attack in June attributed by patient to failure to take the medicine.

Oct. 1st. No attack since June, taking one-half the amount of medicine required last January.

Nov. 23. Called for medicine. Had taken none for five weeks; feared an attack.

Jan. 1, 1880. No violent attack since first dose of medicine. Patient satisfied he has found a specific, and a goodly sized Christmas box delivered at my office marks his appreciation.

C. D., an hysterico-hypochondriacal female, with history of uterine trouble, and gynæcological investigations. Said she believed if she could procure a free evacuation from the bowels once per day, the exciting cause of most of her affections would be removed. May 3rd. Acting upon her suggestion to an evacuation each day I put her upon a mixture of

R Ext. Rhamni Pursh. fl. ℥j.
 Ext. Belladonnæ, fl. ℥j.
 Tr. Nucis, Vomicæ, ℥ij.
 Syrupi et aquæ, āā ad. ℥iv.
 Sig.—Teaspoonful thrice daily.

At first medicine produced slight catharsis. Reduced dose to teaspoonful twice per day, and on June 20 to one teaspoonful each morning at 10 A. M., she claiming this sufficient to produce the necessary evacuation.

Dec. 10. She informs me she has not been better in ten years. Taking one teaspoonful per day.

Clinic Michigan College of Medicine—E. F., female, aet. 21, complained of hæmorrhoids acting from the period of gestation some 18 months since. Had been treated for more than a year with slight temporary relief.

A well-marked case of portal congestion with history of dyspeysia and chronic constipation. I directed 15 drops of the extract to be taken three times per day for one month, at the end of which time she reported entirely cured.

Have administered to a number of cases at my clinic during the past three months and the record shows that in no case where patients have reported have the effects failed to be beneficial.

[Written for the Therapeutic Gazette.]

Coca Erythroxyton.

BY G. F. PECKHAM, M. D. ELYRIA, O.

A Mrs. M., of this county, æt. about 60 ; bilious temperament; tall and spare build; has been troubled with a severe cough for at least ten years, and for the past year, previous to November last. Her friends and relations despaired of her recovery. She became very emaciated with almost constant cough, and expectoration of a very offensive yellow pus, (which I had no hesitation in pronouncing tubercular), profuse night sweats ; pain through both lungs, and all the symptoms of tuberculosis. Her husband became very much alarmed about her and

remarked that if something was not soon done for her she would die of consumption. Previous to this time (Nov. 1879) I had not treated her. Coca presented itself to my mind as being a remedy that might relieve some if not all her many bad feelings, procure sleep if nothing more. She commenced taking fluid extract coca—one-half teaspoonful three times per day. Beyond my expectations in less than four weeks her cough had almost entirely ceased. No expectoration; no night sweats; appetite good and gaining in flesh rapidly. She has not taken all of the second one-half pound bottle yet, and is taking it very sparingly now. Says she is quite well now, and has gained about twenty pounds since she commenced taking the coca last November—now about seven months.

Case 2. Master B., a lad (German) about 5 years old. Healthy till January 1, 1880, at which time he was taken quite ill with some disease his physicians failed to diagnose. He had all the peculiar symptoms of an eruptive disease but no eruption. About the first of February he came under my care. He had high fever every night, no sleep, wild and tossing about; thirsty with dry tongue and lips; bowels constipated; elbow, wrists, and knee-joints badly swollen; red, painful, and tender to the touch. I was unwilling to give him opium in any form, and judging from what coca had done for Mrs. M., I, without any hesitation, gave it to him, with the sole object of relieving pain and procuring sleep. I was again surprised and highly gratified to see my little patient relieved at once and fully recovered in ten days (his disease was the sequel of scarlatina).

I hope that others may be as successful with coca as I was in the above two instances.

American Vegetable Remedies.

BY GEORGE WILLIAM WINTERBURN, M.D.

Professor of Materia Medica and Therapeutics in the Eclectic Medical College of the City of New York.

The wild yam, sometimes called colic root, and in Virginia rheumatism weed, *Dioscorea Villosa*, forms the next topic of interest.

Named for Dioscorides, it should, indeed, possess remedial virtue of high order. It is a delicate trailing vine, running over bushes and fences in all parts of the United States, scantily in New England, profusely in the South and West, and flowering in midsummer. The Rhizoma is the part used, and contains an acrid principle called dioscorein.

Physiological Effects.—Dioscorea, in considerable doses, produces pains of a neuralgic character in nearly every portion of the body. These pains are remitting in degree but continuous, and affect more particularly the abdomen, producing twisting pains (the small intestines seem as if writhing in agony), these pains proceeding from the region of the umbilicus and involving the entire abdominal cavity. With this is watery—or jelly-like yellow bilious stools, more frequent in the morning hours, tenesmus, burning and prolapse of the rectum, offensive flatus, and occasional nausea. It causes strong smelling sweat in the genitals, persistent and frequent erections day and night, amorous dreams and emissions, followed by complete torpor of the parts. It evidently affects the system by irritation of the spinal cord, especially involving the umbilical ganglia, but also reflexly controlling the entire nervous system.

Therapeutics.—Dioscorea is mainly useful in neuroses of the stomach and bowels, evidenced by vertigo, pyrosis, and nausea on one hand, and spasmodic pains, loose stools, and foetid flatulence on the other. This and its characteristic influence over spermatorrhoea and nocturnal emissions, are its principal though not only therapeutic virtues.

I. In bilious, flatulent or spasmodic colic, where the pain, though remittent, does not cease and is of a twisting character, aggravated by lying down, and in the morning, or by mental occupations, unrelieved by pressure, and beginning at the umbilicus extends into the lumbar and hypogastric regions, and at last causes vomiting and headache, dioscorea is the best remedy we have.

In diarrhoea, dysentery, cholera infantum and cholera morbus, with violent twisting colic, occurring in regular

paroxysms, before stool; the discharge being profuse, watery, deep-yellow, and accompanied by much foetid flatus, worse in the morning; followed by weak feeling in the abdomen and continuance of the colic, dioscorea is always curative. If the conditions are relieved by moving about, and intensified when sitting or lying down, they furnish a further indication for this drug. The colic calling for ipecacuanha is just the reverse, being better when keeping quite still; that for colocynth is intermittent, not remitting, as for dioscorea, and generally comes on after stool. For cinchona the paroxysms are worse every afternoon, instead of in the morning as for dioscorea. The colic of podophyllum is continuous, but worse in the morning, and is relieved by local warm applications. Colic relieved entirely by stool, or by bending double, and much worse when standing, calls for rhubarb. But all these drugs have characteristic evacuations; that of rhubarb is sour, with sour smell of the whole body; podophyllum, very offensive, like carrion, or else profuse, gushing stool, of greenish water; cinchona, involuntary, painless discharges of yellow or whitish water, at night or after eating, especially if the patient is debilitated by long illness or loss of fluids (hemorrhages, long-continued suckling, gonorrhœa); colocynth, saffron yellow, first mucus, then watery, lastly bloody, with a musty odor, like burning wrapping-paper; and ipecacuanha, fermented, jelly-like mucus, green as grass, becoming bloody, with continuous nausea, thirstlessness, pale face, especially suitable for children.

Dioscorea, alternated with ipecacuanha, will generally cure catarrhal mucous enteritis, the latter reaching the peculiar nature of the evacuations, and the former subduing the pains and tenesmus. So, also, in cholera morbus, while it palliates the pains, camphor in drop doses is usually needed to control the watery discharge.

In the enteric spasms caused by the passage of gall-stones, or obstructions in the gall-duct, it relieves the pain, and by removing the hyperæsthetic condition of the

intestines, facilitates the passage of the concretions. Even in neuralgia of the liver (hepatalgia), unconnected with mechanical causes, it will prove useful.

It is just as serviceable in renal colic from the passage of urinary calculi as in hepatic colic. The symptoms here are often quite characteristic for this remedy.

II. Dioscorea is a remedy of importance in several diseases of the reproductive apparatus.

In dysmenorrhœa; in uterine colic; in after-pains; in false pains during pregnancy; in the nausea, pyrosis, and gastralgia of pregnancy, or at the menstrual molimina, it will often be found of use where the conditions resemble those mentioned.

In spermatorrhœa and nocturnal emissions, it will often do better than any other drug. When there is pungent smelling perspiration upon and constant irritation of the genitals, with strong erections by day and amorous dreams by night, and pains in the spermatic cord extending to the testicles and penis, or even in cases which have had such a train of symptoms, but where now there is relaxation and coldness of the parts, feeble emissions at night without sensation or consciousness, but with great depression of spirits, dull, dizzy pains in the head, and weakness in the back and knees, dioscorea, persistently given, will nearly always produce a favorable change.

III. It is of some value in the treatment of headache, when it is itself paroxysmal and is associated with abdominal spasms. Dizziness, dullness and cutting pains, are the factors of this disorder. The pain is never constant in degree, and is always aggravated by pressure. The eyes also are generally involved, herein resembling cimicifuga, and the facial nerves are frequently sensitive.

IV. Like colocynth, it seems to have an especial affinity for the sciatic nerve, and when the pain shoots downward from the hip, and is felt even to the ankle, dioscorea is curative.

There are some painful conditions of the extremities which are spoken of frequently as rheumatic, but which

are really nerve pains. When these are worse at night, or early in the morning, dart suddenly from one part of the body to another, are at first aggravated by motion and subsequently relieved; when the patient feels as if he had a cold, is chilly, yet perspires easily, but has no fever and is thirstless, dioscorea is of value.

It ought not to be forgotten in angina pectoris. It has some action upon the skin, and has cured acne punctata and paronychia. Persons having a disposition to paronychia, and a tendency to colic, would be especially affected by this remedy. Taken at the outset, as soon as the pricking sensation is felt in the finger, it will usually abort a felon, or if taken later, will mitigate the pain and hasten suppuration.

If thoroughly triturated with lactic acid, the dose will be one or two grains of dioscorein, or even less when frequently repeated.

Smilax is often substituted in the shops for dioscorea, and care must be used to secure the proper article.

Concentrated Remedies.

This is a class of remedies, familiarly but erroneously, known as, 'Eclectic Remedies,'—The Eclectics were a sect of physicians that lived a short life between the time of Hippocrates, who was born B. C. 460, and Galen, A. D. 131. During these six centuries were a number of sects, viz: first, the Empirics, who prided themselves on following experience alone, to the neglect of anatomy and physiology: against these came the sect of the Dogmatists, claiming all authority for doctrine or theory. Weary with these quarrels came the Eclectics, professing to select the good and avoid the bad in all the systems of the Empirics, Dogmatists and Methodists, and of all the sects, that of the Eclectics was the worst. Many of the plants and derivatives from plants which the American Eclectics have introduced into practice are among the most efficient we possess. Accepted with reluctance and hesitation, many of them have already met with favor with orthodox physicians. Many

are becoming established remedies in this country. In 1861 Dr. Gardiner did much in introducing several of them into English practice, and lately Dr. Rutherford has demonstrated some of them to be of inestimable value. The native plants of America are studied under circumstances far more advantageous than our indigenous remedies. Communities exist there wholly devoted to the study of botany and the economic use of plants, devoting more attention to the business than the science. Hence the plants and parts of plants, roots, stems, leaves, etc., are obtained in the best condition for use as remedies. The most general process employed in the manufacture of these concentrated preparations is to treat the vegetable substances with alcohol by percolation, distilling to a low bulk, pouring this into water, collecting and drying the precipitate. Sometimes other solvents are used, the aim being to get rid of all the woody fibre, starch, gum, etc., and obtain the active medicinal properties in a small bulk, and combine together as nature has formed them.* It must be admitted that there is much to be said in favor of this idea, and experience justifies their reasoning. In Europe we separate several active principles, but for employment as remedies it is well known that such separate principles are by no means equivalent to the crude drugs. Cinchona bark yields quinine, cinchonine, etc., neither of which corresponds in its action on the human economy with the bark itself. Up to the present time about sixty of these remedies have been made, but the following list includes those chiefly prescribed this side of the Atlantic: Podophyllin, iridin leptandrin, cypripedin, euonymin, hydrastin, cimicifugin, caulophyllin, gelsemin, xanthoxylin. Doubtless many of you, like myself, may have noticed a variation in their respective colors. This is attributable not only to age of material, as has been suggested, but equally so to the combined influence of locality, soil, and season.—*London (Eng.) Chemist and Druggist.*

It is noted in discussion that some American makers of these articles mix the precipitate with an equal weight of milk sugar.

Jamaica Dogwood—*Piscidia Erythrina*.

Isaac Ott, A. M., M. D., late lecturer on Experimental Physiology in the University of Pennsylvania, communicates to the *Detroit Lancet* the result of a series of physiological experiments conducted with Jamaica dogwood. The animals in which the drug was tested were frogs, rabbits, and men, observation on the former two being taken of its effect on the general system, on the sensory nerves, on the spinal cord, on reflex action and on the circulation.

Action of Man.—A half teaspoonful of the fluid extract was taken, soon began to feel drowsy, pupil dilated. In about three hours the effect passed off, and I felt as well as ever, having no nausea nor the peculiar shaking up of the nerves that ensues after opium.

At 6.20 P. M. I took a teaspoonful of the fluid extract. Pulse 72, respiration 16. When swallowed it gave a pungent, burning sensation in the throat and stomach, succeeded by a feeling of warmth over the whole body. 6.40 P. M.—Pulse 62, respiration 16. Arterial tension increased. 7.26 P. M.—Pulse 72, respiration 16. Salivation and sweating, pupils dilated. 8.45 P. M.—Pulse 72, respiration 17. Feel quite sleepy, disturbance of vision, itching sensation in the skin; the narcotic feeling kept up till about 10 P. M.

As well known, in opium are found those medicinal virtues which give to the physician the power to rapidly relieve and cure suffering humanity, and at the same time to produce a beatific intoxication. The effect of this drug, like other pleasures, has its pains, such as nausea, constipation, and a generally disordered nervous system. In this drug *piscidia*, we have a less pleasurable intoxication, and the disagreeable after-effects of the opium left out. The sleep of *piscidia* resembled in feeling that produced by large doses of bromide of potassium.

It is evident from the preceding experiments that in *piscidia* we have a drug capable of producing death by arrest of the respiratory apparatus. Frogs seldom recover

from a moderate dose of the drug. The following conclusions may be drawn:

1. It is narcotic to frogs, rabbits and men.
2. It does not affect the irritability of the motor nerves.
3. It does not attack the peripheral ends of the sensory nerves.
4. It reduces reflex action by a stimulant action on the centers of Setchenow.
5. That it produces a tetanoid state by a stimulant action on the spinal cord, and not by a paralysis of Setchenow's centers.
6. It dilates the pupil, which dilatation passes into a state of contraction upon the supervention of asphyxia.
7. It is a salivator.
8. It increases the secretion of the skin.
9. It reduces the frequency of the pulse.
10. It increases arterial tension by stimulation of the monarchical vaso-motor center.
11. This increase of pressure is soon succeeded by a fall, due to a weakening of the heart itself.

If the action of piscidia is compared with that of chloral, it is found that the former has no dangerous action on the heart like the latter, nor such an energetic action like the latter upon the respiratory apparatus.

Compared with atropia, piscidia, unlike the former, does not paralyze the motor nerves; it does not paralyze the chorda tympani; it does not arrest the sudoral secretion; it does not paralyze the pneumogastrics, and does not elevate greatly the arterial tension, but like it, dilates the pupil. Compared with morphia, like it it produces sleep, heightened excitability, spinal convulsions, general paralysis and stimulation of the main vaso-motor center; unlike it, it dilates the pupil. In the use of this drug I would like to add the caution that its surface is pleasure and its depth death.

Vaccination for all Zymotic Diseases.

The recent investigations of M. Pasteur, which have been presented from time to time to the French Academy of Sciences, will prove of immense practical value in the prevention of chicken cholera, indeed of no less value than were his former studies of the silk-worm disease. Should that scientist succeed in making good his promises, a generalization might be made somewhat as follows: The poison of any zymotic disease may be so modified that it will have the same relation in the prophylaxis of that disease that vaccine virus has in the prophylaxis of small-pox. A more valuable contribution than that which these researches indicate, can scarcely be imagined. An extended abstract with comments may be found on another page under the heads "Pasteur's Investigations" and "Is the Germ Theory Overdone?"—*Chicago Med. Rev.*

Antiseptic Treatment of Small-Pox.

Doctor Ernst Schwimmer (*Deutsche Medicinische Wochenschrift*, May 8, 1860,) having obtained no result from the internal administration of carbolic acid, salicylic acid, and thymol in small-pox, has tried the external use of carbolic acid and thymol. The formulæ which he employed were the following, a soft paste being made in each case. I. Carbolic acid, 4 to 10 parts; olive oil, 40 parts; finely powdered prepared chalk, 60 parts. II. Carbolic acid, 5 parts; olive oil, very pure starch, each 40 parts. III. Thymol, 2 parts; linseed oil, 40 parts; prepared chalk, 60 parts. His principal object was to prevent the disfigurement of the face as much as possible. For this purpose, when patients were admitted into the hospital and the presence of an eruption of intense or confluent variola on the face was ascertained, the paste was applied to the parts on a linen mask, in which openings were cut for the eyes, nose and mouth. The greatest amount of success was obtained from the paste No. 1, which was used in 177 cases. Under its use, the drying of the pustules took

place some days earlier than usual, and in several cases no great amount of suppuration occurred on the face. That it was the carbolic acid which produced this favorable result, the author considers proved, not only by the fact that other ointments had been used on previous occasions without effect, but also by the circumstance that carbolic acid could be detected in the developed pustules after the paste had been applied four days, and that the urine gave the characteristic reaction of carbolic acid. Dr. Schwimmer strongly recommends the local application of carbolic acid in variola.—*Chicago Med. Rev.*

Theology Versus Sanitary Science.

As most of our readers may know, a virulent form of typho-malarial fever broke out in the Princeton College during the past summer, to which at least half a dozen of the most promising students of that institution fell victims, while over a score were prostrated and had to be removed to their homes. A thorough examination of the premises showed that the outbreak was due to a terribly neglected condition of the cess-pools and to generally bad plumbing. Recently the distinguished president of the college, a well known theologian, celebrated for his onslaughts on the evolution doctrine, in a public address to the alumni and graduates, referring to the sad bereavement of the mothers and fathers of those who had died at the institution, spoke of the epidemic as a dispensation of Providence. This statement throws new light on the subject of accidental death, on death in consequence of sanitary negligence, and even on death from willful murder. Hereafter when a train of cars plunges through a rotten bridge, and the usual outcry against the criminally indictable directors of the road breaks forth, all that will be necessary for the latter to do, will be to refer to the precedent inaugurated by the Princeton theologian, and, turning up their eyes sanctimoniously, avoid criminal and civil prosecution by declaring the accident a dispensation of Providence. Drunken steamboat pilots, rusty boilers, dirty streets,

the cess-pools of Memphis, the defective cemeteries of New Orleans, will hereafter flourish under the category of dispensations of Providence.

Medicine has, unfortunately, but rarely come into contact with theology, without this resulting in a more or less disastrous collision. The church opposed dissection of the human cadaver, it abhorred every operation in the course of which blood was shed; it decried vaccination, and now it seems also, though less directly, to discourage sanitary measures by attempting to lay on the broad shoulders of the Deity what should be attributed to the plumber, and by blinding the eyes of the public to the actual and tangible danger through the substitution of a vicarating puppet. To use the name of the Lord as a personally responsible factor in calamities so directly and potently due to human negligence as was the Princeton cess-pool endemic, is to take that name in vain, and to diminish the respect of the laity either for the Creator or for those who claim to be his agents on earth.—*Chicago Med Rev.*

On Glycerine in Flatulence, Acidity, and Pyrosis.

An old gentleman, who for many years suffered from distressing acidity, read in a daily paper that glycerine added to milk prevents its turning sour, and he reasoned thus: "If glycerine prevents milk turning sour, why should it not prevent me turning sour?" and he resolved to try the efficacy of glycerine for his acidity. The success of his experiment was complete; and whenever tormented by his old malady, he cures himself by a recourse to glycerine. Indeed, he can now take articles of food from which he was previously compelled to abstain—provided, always, that he takes a drachm of glycerine immediately before, with, or directly after his food. He recommended this treatment to many of his friends—sufferers like himself—and one of these mentioned the above circumstances to us.

We have since largely employed glycerine, and find it not only very useful in acidity, but also in flatulence and

pyrosis, and that it sometimes relieves pain. We meet with cases where flatulence, or acidity, or pyrosis, is the only symptom; but more frequently, these symptoms are combined. Some patients rift up huge quantities of wind without any other symptoms than depression of spirits; in others, we get flatulence and acidity, one or other predominating; and we meet with others who suffer from acidity, flatulence, and also pyrosis. In all these various forms we find glycerine useful, and in the great majority of cases very useful. We do not mean to say that in all cases it is superior to other remedies for these complaints; indeed, in several instances it has only partially succeeded, where other remedies at once cured. On the other hand, in some cases glycerine speedily and completely succeeded, where the commonly used remedies for acidity and flatulence completely failed. We do not pretend to estimate its relative value to other remedies; we are only anxious to draw attention to its virtues.

Gas is in some instances formed in the stomach; in others, in the large intestine; in some patients, in both. Our observations were made on stomach-flatulence; and as glycerine is so readily absorbed, we should hardly expect that it would influence the formation of wind in the colon, except given in large doses, and when it acts as a slight laxative, and so expels the putrefying mass which forms the wind.

In some cases, it removes pain and vomiting—probably, like charcoal, by preventing the formation of acrid acids, which irritate delicate and irritable stomachs.

We suggest that it acts by retarding or preventing some forms of fermentation and of putrefaction. J. Mekulics* shows that glycerine prevents putrefaction of nitrogenous substances, as of blood diluted with water, which speedily decomposes at the ordinary temperature of the air. Two per cent. of glycerine retarded decomposition for twenty-four hours; 10 per cent. for five days. If the fluid were

* Archiv. f. Klin. Chirurg., Bd. xxii, Heft 2. 1878.

† Virchow's Archiv., 1879.

placed in the hatching oven, then 2 per cent. retarded decomposition for several hours, 10 per cent. for 48 hours, and 20 per cent. altogether prevented putrefaction. He also proves that glycerine destroys bacteria, and prevents the formation of septic poison, though it will dissolve and preserve the septic poison itself.

Dr. E. Murkt finds that 2 to 3 per cent. will delay lactic fermentation in milk from 18 to 24 hours.

Burnham Wilmot, 1860, says glycerine preserves meat so that after several months' immersion, the meat is sweet and can be eaten; and Demarquay proves that both animal and vegetable substances may be kept for six weeks to two months by glycerine.

Glycerine, however, does not prevent the digestive action of pepsin and hydrochloric acid. Hence, whilst it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. We administer a drachm to two drachms either before, with, or immediately after food. It may be given in water, coffee, tea, or lemon and soda-water. In tea and coffee, it may replace sugar—a substance which greatly favors flatulence, as, indeed, does tea in many cases. In some instances, a cure does not occur till the lapse of ten days or a fortnight.—DRS. RINGER and MURRELL, in *Lancet*, July 3, 1880.

Poisoning by the Bark of the Robinia Pseudacacia.

Dr. Gelcich, of Inyo county, California, sends an account of the poisoning of his three children by the bark of the thorny or honey locust tree (*robinia pseudacacia*.) “An hour after chewing the bark they ate heartily, and in fifteen minutes after eating they began to vomit, continually vomiting at intervals until their stomachs were entirely emptied. Narcotic symptoms somewhat resembling those of belladonna soon ensued; sleep, stupor, dilated pupils, staggering, spasmodic muscular movements, drawing of the knees to the chest. They complained of burning of throat and stomach. The youngest, a girl of

three years, was the worst. She had a mortal pallor, absence of pulse, livid lips, sunken eyes, and complete prostration and insensibility for three long hours. Warm stimulants by the mouth and rectum, counter irritation, strong coffee, smelling salts, hot frictions and flagellation, brought her finally to life and consciousness. At 6 o'clock P. M., all were out of danger but very sleepy, and at 7 P. M. were put to bed, after partaking of a little gruel and tea, and all slept soundly with normal circulation and respiration until sunrise, when I saw them with rosy cheeks, lively as ever, and asking for a BIG breakfast." The doctor refers to three cases on record of poisoning by the bark of the root of the tree, the effects being similar. We are not aware of any record of the action of the bark of the tree, though in all probability there is but little difference, if any, between that and the bark of the root. The latter is mentioned in the dispensatories as cathartic.

Since sending to the press the item regarding the effects of the bark of the honey locust tree, we find a notice of it in King's American Dispensary, which states that the bark is supposed to possess some acro-narcotic qualities, as the juice of it has been known to produce coma and slight convulsions. "An overdose has produced symptoms very similar to those resulting from an improper dose of belladonna." Also, that the leaves operate mildly and efficiently as an emetic in doses of thirty grains every twenty minutes.—*Pacific Med. and Surg Journal*.

Jaborandi in Mumps.

Dr. Testa (Il Morgagni) has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions: 1. Jaborandi is an efficient remedy in mumps. 2. The efficacy is explained by its hydragogue, and especially its sialagogue properties. 3. Administered early it will prevent the development of the affection. 4. It may prevent the metastases which are not infrequent.—*Medical Pres and Circular*.